

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Provided: ☐ No limitations ☒ With limitations*
- 2.a. Outpatient hospital services.
Provided: ☐ No limitations ☒ With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
Provided: ☐ No limitations ☒ With limitations*
3. Other laboratory and x-ray services.
Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92
Supersedes 90-37
TN No. 90-37 HCFA ID: 7986E

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- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations X With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations X With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

 X Provided: No limitations X With limitations*

* Description provided on attachment.

TN No. 94-14

Supersedes

TN No. 93-9

Approval Date

8/2/94

Effective Date 6/1/94

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AUGUST 1991

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b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any.
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☒ No limitations ☐ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-1

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TN No. 85-2

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 85-2
Supersedes
TN No. 76-21

Approval Date OCT 23 1986

Effective Date 7-1-85

HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 85-2
Supersedes
TN No. 79-10

Approval Date OCT 23 1985

Effective Date 7-1-85

HCFA ID: 0069P/0002P

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b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services. (See FMB for description)

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

b. Nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TM No. 90-37
Supersedes
TM No. 85-2

Approval Date NOV 14 1994 Effective Date 10/1/90

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Services in an Intermediate Care Facility for the Mentally
Retarded

15. a. ~~Nursing facility services~~ (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- b. ~~Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.~~

~~☒ Provided: ☐ No limitations ☒ With limitations*~~

~~☐ Not provided.~~

ff. 11/1/90

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

17. Nurse-midwife services. (SEE ITEM 6d)

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(e) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TH No. 90-37
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TH No. 90-32

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Provided: ☐ No limitations ☒ With limitations*
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paragraph, existed; and such certification must also indicate the procedures used in providing such services. However, when medical services not routinely related to the uncovered abortion service are required, the utilization of an uncovered abortion service shall not preclude the recipient from receipt of medical services normally available through the Medical Assistance Program.

X-ray (radiological) services provided pursuant to 42 CFR 440.30 shall be limited to those procedures provided by a facility licensed to provide radiological services and which meets the requirements of 42 CFR 440.30 and other requirements as described herein.

- (a) The facility shall participate in the Medicare Program;
- (b) The procedure shall be ordered by a licensed physician, oral surgeon or dentist;
- (c) The services shall be provided under the direction or supervision of a licensed physician;
- (d) The facility shall not be a hospital outpatient department or clinic; and
- (e) If the facility provides covered laboratory services, the facility must meet 42 CFR Part 493 (CLIA) requirements with regard to the laboratory services. (493 P&I HCFA 1/13/93)

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